



REQUESTS FOR IDEAS:
TRANSFORMATIONAL HEALTHCARE
DELIVERY MODELS FOR CHILDREN
AND ADOLESCENTS

Issued Collaboratively By:
Michigan Department of Community Health
&
Michigan Department of Education

Issued April 11, 2013
Proposals Due May 10, 2013

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH AND
MICHIGAN DEPARTMENT OF EDUCATION
April 11, 2013**

**ANNOUNCEMENT FOR REQUESTS FOR IDEAS FOR
TRANSFORMATIONAL HEALTHCARE DELIVERY MODELS
FOR CHILDREN AND ADOLESCENTS FUNDING**

This packet includes:

- Grant Announcement
- Part I: General Information
- Part II: Review Process
- Part III: Application Instructions
- Attachments

NATURE OF ACTION REQUESTED: _____X_____ VOLUNTARY

The Michigan Departments of Community Health (MDCH) and Michigan Department of Education (MDE) are pleased to announce the availability of funding for transformational healthcare delivery models for children and adolescents. A planning phase will begin June 1, 2013 and full implementation will begin October 1, 2013. Up to **\$2,700,000** is available for funding for FY 2014-16. It is anticipated that up to 4-6 grants will be awarded through this competitive process.

AVAILABILITY OF APPLICATION

The grant application, including all required forms, is available at:

(www.michigan.gov/cahc). **Completed applications must be formatted into one PDF and emailed on or before 5pm, May 10, 2013. The ORIGINAL proposal, bearing ORIGINAL signatures and formatted into a single PDF** will be documented as received by email time sent. Proposals should be emailed to Dr. Jennifer Salerno at SalernoJ@michigan.gov. A confirmation email will be sent within three business days of receiving a proposal including received date and time. If you do not receive this confirmation notice via email within three business days of submitting your proposal, send an email request high priority for confirmation that your proposal was received.

WHERE TO OBTAIN ASSISTANCE

Any questions about the grant must be asked during the question and answer period, April 11 through May 3. **Questions will not be accepted after 5pm, May 3, 2013.** Any questions regarding the application **must be submitted to Dr. Jennifer Salerno, MDCH Adolescent & School Health Consultant, at SalernoJ@michigan.gov.** Responses to questions will be emailed to individuals within three business days of receipt of their original question. All questions will be responded to and recorded on a FAQ word document. If you intend to apply for this funding opportunity and would like the FAQ document emailed to you weekly during the question period please sign up at: <http://www.surveymonkey.com/s/PDKTJNB>. The FAQ document will only be sent to those individuals signed up via this link. Do not submit questions via this link, they must be emailed directly to: SalernoJ@michigan.gov. In addition to being distributed to the list,

the FAQ document will be posted at www.michigan.gov/cahc.

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MICHIGAN DEPARTMENTS OF COMMUNITY HEALTH AND EDUCATION

April 11, 2013

APPLICATION FOR TRANSFORMATIONAL HEALTHCARE DELIVERY MODELS FOR CHILDREN AND ADOLESCENTS

PART I: GENERAL INFORMATION

A. INTRODUCTION:

The Michigan Departments of Community Health and Education are pleased to announce the availability of up to \$2.7 million to fund three year grants to local communities to support transformational healthcare delivery models for medically underserved children and adolescents.

The childhood years, particularly the adolescent years, represent a critical opportunity not only for preventing problem behaviors and identifying health conditions, but also for enhancing health. There is growing evidence that a significant percentage of children experience poor social-emotional health, often resulting in challenging behaviors. Children lacking in social, emotional and behavioral health are at high risk for experiencing a number of short-and long-term problems. If left untreated, these same children are more likely to experience adolescent delinquency, gang involvement, incarceration, and substance abuse. In fact, behavior problems that surface in early childhood are the single best predictor for several of these long-term outcomes in addition to an array of physical, mental, and sexual health risk behaviors and disorders that arise during this stage and can significantly impact a young person's health, not just for a few years but throughout their adult life. Although adolescence is generally a healthy time of life, the period of adolescent growth and development is filled with risks and opportunities. These years mark the formation of health behavior patterns that have lifelong ramifications. Access to early prevention and intervention services in childhood has been shown to mitigate risks typically experienced in the adolescent years. **A transformation of healthcare could substantially benefit children and adolescents.** Numerous studies, most recently a national report by the Institute of Medicine (IOM), document the enormous number of missed opportunities for adolescents. Research shows that adolescents are not receiving recommended preventive care services and that their mental health and reproductive health services often are not identified early and treated according to evidence-based recommendations. **When adolescents are asked how they experience health care, they cite a number of gaps and concerns,** including health care providers not spending enough time to get to know them; confidentiality protections not being ensured; a focus on their problems rather than on their strengths; unappealing office space with little relevant, adolescent-specific information or support; and minimal opportunity for engaging with providers or giving feedback. As a result, many adolescents simply drop out of the health system, foregoing the care they need.

B. GRANT PURPOSE

With this Request for Ideas (RFI), the Departments are seeking applications for transformational service delivery models that meet the unique needs of underserved children and/or adolescents by providing new health care services, new ways of working with this target population, and/or use of new technologies. **Healthcare transformation**

can be defined as the introduction of a new concept, idea, service, process or product aimed at improving treatment, diagnosis, education, outreach, prevention and research with the long term goals of improving quality, safety, outcomes, efficiency, costs, and ultimately health. A transformation of healthcare delivery should consider the whole child or teen in its approach and be a sustainable practice change.

These grant application instructions are provided to interested and eligible parties to enable them to prepare and submit competitive proposals. **Transformational models should focus on improving one of the four priority areas below.** Models that address more than one area will be given preference, as will proposals that incorporate information technology (Electronic Health Record systems, electronic billing and data collection systems, uses of new technology such as smartphones and text messaging to engage youth in their health care).

1. Improving access to primary healthcare (may include physical and behavioral health) including integration with Patient Centered Medical Homes.
2. Improving clinical health outcomes
3. Decreasing health disparities by reducing the burden of chronic disease
4. Integration of primary care & public health (primary prevention)

Communities applying for Transformational Healthcare Delivery Models for Children and Adolescents, if funded, will be asked to complete a planning process June 1-September 30, 2013 in partnership with MDCH staff. If successful during this planning process, services **MUST** be operational, including the ability to meet the State's minimum grant requirements (Attachment B), by October 1, 2013 for continued funding.

TRANSFORMATIONAL IDEAS

Strategies for new ways of providing health care services, new ways of working with this target population, and/or use of new technologies. **Funding for existing services or currently funded delivery models will not be considered.**

Example of a Transformational Idea (**This example is to clarify the meaning of "transformational" within this grant request, it is NOT meant to suggest we are looking for a proposal around this specific example*). Transformational Ideas should change the way healthcare is being delivered in ways that are sustainable and measurable:

Transformational Idea: Enhancing primary care services with oral health by specialized training for health care providers in oral health examinations and application of sealants.

Activities: Training of support staff and purchasing necessary supplies. Policy changes supporting oral health examinations to be performed and documented annually on all patients aged 2-18. Changing billing practices to collect reimbursement for oral health exams and sealant application. Developing collaborative partnerships with local dentists to create a stronger referral network for patients needing treatment for oral disease.

Contracting with a mobile dental unit would NOT be an example of a transformational idea – there is no practice change and without funding to support

the mobile dentists, they would no longer provide services to your patients.

C. ELIGIBLE APPLICANTS

Eligible applicants must have a history of providing primary care and include public and non-profit entities (e.g., local health departments, Federally Qualified Health Centers, non-profit hospitals/health systems, Medicaid Health Plans, Universities, school districts, and other health care or social service organizations). Documentation of incorporation as a non-profit agency or other legal status or evidence of application must be included with this application. If proposing services within a school building or on school property, applicants **must demonstrate** collaboration between the local school district and health care providers in the proposal.

D. TARGET POPULATIONS TO BE SERVED

This request seeks proposals for the delivery of transformational models of healthcare to the 5-21 year old population in geographic areas where it can be documented that health care services accessible and acceptable to children and youth require enhancement or do not currently exist. While a focus on the entire 5-21 year old population is allowable, applicants are encouraged to select a primary focus of either younger children (5-11) or adolescents (12-21) to ensure that developmentally appropriate services are offered.

The applicant **must provide** an atmosphere that is both acceptable and accessible to the identified targeted population in all proposed project sites. If proposing services to the 5-11 year old population, meaningful **parental engagement is required** in all phases of the project. If proposing services to the adolescent population, meaningful **youth engagement is required** in all phases of the project along with a plan to increase youth participation in their healthcare. Parental consent is required for all healthcare services proposed except in circumstances in which minor consent for care is allowable under Michigan law.

E. FUNDING LIMIT AND DURATION OF FUNDING

This grant will provide base funding for Transformational Healthcare Delivery Models starting October 1, 2013 through September 30, 2016 based on availability of funding and successful completion of annual grant objectives. Notification of grant awards will occur in May, 2013. If invited to move forward, applicants will receive funding for a four month planning period starting June 1, 2013 through September 30, 2013. During this planning period, grantees will be required to meet with State staff to define their deliverables by further exploring proposed healthcare delivery model, refining proposed goals, objectives and activities, and refining evaluation methods in collaboration with a designated State contracted evaluation team.

The Michigan Primary Care Association (MPCA) will be issuing these grants on behalf of MDCH and MDE. Base grants will vary due to unique differences in delivery models. MDCH anticipates 4-6 awards will be available with funding up to \$200,000 per year per award with an additional award of up to \$50,000 for all funded projects to complete a planning phase.

- **Phase 1 Planning:**
 - Awards of up to \$50,000 will be available to all funded projects to be

used for costs incurred during the June-September period in planning for service model delivery to begin no later than October 1, 2013.

- Upon successful completion of Phase 1, grantees will move onto Phase 2 Implementation. Successful completion of Phase 1 must include the following deliverables:

- Approved year one implementation plan.
- Approved year one budget.
- Secured commitment of key partners and sites.
- Adherence to state evaluation plan.

- ***Phase 2 Implementation:***

- Awards of up to \$200,000 annually will be available for implementation of the proposed service delivery model.
- Failure to successfully complete the planning period along with implementation of the Phase 2 deliverables defined during the planning phase (outlined in bullets above) can result in termination of the three year grant.

Annual non-competitive applications will be due for all funded grantees through September 30, 2016. Awards are contingent upon the availability of funds as well as the performance of the grantee in previous years. MDCH and MDE reserve the right to terminate any contract due to failure to meet established goals, objectives and activities.

F. REJECTION OF PROPOSALS PRIOR TO REVIEW

MDE and MDCH reserve the right to reject any and all proposals received prior to their review as a result of this announcement and will do so if the proposal does not adhere to funding specifications, preparation instructions, or submission deadline.

G. PROPOSAL PREPARATION, PAGE LIMIT AND FONT SIZE

Proposals should be prepared simply and economically, providing a concise description of the requirements of the proposal with a narrative **no longer than 10 pages**. Proposals should be typed with a font no smaller than Times New Roman 12 point, double-spaced, single-sided, and using standard one-inch margins. Applicants must number all pages sequentially, including attachments.

H. ACKNOWLEDGEMENT

All publications, including: reports, films, brochures, and/or any project materials developed with funding from this program, must contain the following statement:

“These materials were developed with state funds allocated by the Michigan Department of Education and Michigan Department of Community Health.”

I. AMERICANS WITH DISABILITIES ACT

MDE and MDCH are committed to providing equal access to all persons in admission to, or operation of its programs or services. Individuals with disabilities needing accommodations for effective participation in this program are invited to contact either of the two State Departments for assistance.

J. PERFORMANCE REPORTING AND MONITORING RESPONSIBILITIES

After grants are awarded, the grantee will carry out the proposed programming under the general direction of MDCH. Program oversight, including technical assistance and consultation will be provided by MDCH. Quarterly narrative reports will be required which detail progress on meeting agreed upon objectives and activities listed in the approved implementation plan. Contracts will be issued by MPCA on behalf of MDCH and MDE.

K. PROFESSIONAL DEVELOPMENT

Grantees will be required to attend in state trainings and meetings. All staff supporting the grant proposal (minimum of 2 staff) are expected to attend State planned events (up to 2) annually. Travel expenses for staff should be included in your budget. In addition, MDCH will be conducting site visits throughout the grant cycle and expects to work closely with grantees to provide technical assistance and support in achieving deliverables.

PART II: REVIEW PROCESS

A. PROPOSAL REVIEW PROCESS AND APPROVAL

The Departments will appoint an objective review committee to review and prioritize proposals for funding. All proposals will be reviewed and approved by MDCH and MDE and evaluated using a peer review system. Proposals must address all of the identified criteria and contain all requested information in the format laid out in this guidance. Award selections will be based on merit and quality as determined by points awarded from the Review Criteria Section and all relevant information.

B. ADDITIONAL REVIEW FACTORS

In addition to the review criteria, MDE and MDCH may apply other factors in making funding decisions, such as: 1) geographical distribution; 2) gaps in services; 3) duplication of effort; 4) duplication of funding; 5) agency capacity; 6) evidence that an applicant has performed satisfactorily on previous MDCH and/or MDE grants; and 7) other factors relevant to addressing changing needs and populations.

C. GRANT REVIEWERS

MDCH and MDE will designate a panel of peer reviewers with extensive knowledge of healthcare delivery for children and adolescents. This review panel will receive training prior to reviewing proposals and will use a consensus process to enhance reviewer reliability of the final score. **Persons involved in the development of a proposal, associated with an organization or district submitting a proposal, or having any other real or perceived conflict of interest may not serve as reviewers.**

D. APPLICATION INSTRUCTIONS

Application information, instructions and review criteria for **Transformational Healthcare Delivery Models for Children and Adolescents** are detailed in **Part III** of this application guidance.

An organization may submit only one proposal in response to this RFI for consideration for Transformational Healthcare Delivery Models for Children and Adolescents funding.

PART III: APPLICATION INFORMATION, INSTRUCTIONS, AND REVIEW CRITERIA FOR TRANSFORMATIONAL HEALTHCARE DELIVERY MODELS FOR CHILDREN AND ADOLESCENTS

A. REVIEW CRITERIA

All applicants will be evaluated on the basis of the criteria described in this section. Narrative sections of the applications should address each criterion. Applications are not to include pamphlets, handbooks, reports, brochures, news articles, folders, binders, dividers, etc. **Two hundred** is the maximum score that can be obtained for this application, and the value assigned for each section is indicated. Proposals exceeding a 10 page written narrative will not be accepted. Required forms and support documents including the cover sheet, table of contents, budget forms, and budget narrative are not counted in the narrative page limit.

B. PART A – APPLICATION COVER SHEET (Page 1 of the Application)

The attached application cover sheet must be completed and submitted as the first page of the proposal. The agency or organization submitting the application must be fully identified, as well as the direct contact person for this program. All boxes are to be accurately completed. The application requires an original signature from the person with binding authority from the applicant agency. *Rubber stamps and copies are unacceptable.*

- 1. Service Delivery Model:** Identify the model of service delivery you are proposing with this funding
- 2. Service Area:** Identify the service/target area
(School district, county, city, metropolitan area, zip code, neighborhood, etc.).
- 3. Target Population:** Identify the target population that will be served by the proposed project. **Please identify the primary age group that will be served (5-11 or 12-21), location (school building(s), homeless shelter, juvenile facility, healthcare facility, etc), and size of the population (e.g. 500 unduplicated youth).**

ASSURANCE

To be eligible for funding, all applicants must provide written assurance that abortion services, counseling and referrals for abortion services will not be provided as part of the services offered. For programs providing services on school property, written assurance will be required that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in Michigan School Code. Proposals must include a statement of assurance of compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the Michigan Department of Education and Michigan Department of Community Health. **These three assurances must be acknowledged by checking the corresponding boxes on the cover sheet (Attachment A) and must include an original signature from a binding authority.**

APPLICATION TABLE OF CONTENTS (Page 2 of the Application)

Should include all required narrative, budget documents and attachments with corresponding page numbers. Number all pages included in the completed application PDF.

C. PART B – NARRATIVE GRANT PROGRAM DETAILS (200 POINTS)

- 1. Describe Proposed Transformational Idea (10 points).** Explain the overall goals of the project, intervention and outcomes proposed and why this is considered an transformational idea or model of healthcare delivery. (1-2 paragraphs)
- 2. Service Model Delivery (60 points).** Services proposed to be provided should be fully and clearly described for the first full implementation year, the period of October 1, 2013 through September 30, 2014.

The services described in this proposal must be operational and accessible to the described target population by October 1, 2013.

- A. Using a logic model, provide a description of the service delivery model proposed during this grant cycle (Attachment D)
 - B. Describe and cite the theoretical framework, science, or evidence behind your proposed service delivery model and any applicable standards of care or clinical guidelines that will be utilized in your care delivery. Include any plans to create evidence, standards of care, or clinical guidelines that do not currently exist for your health care delivery model and/or your targeted population.
 - C. If proposing services to the 5-11 year old population, describe how parental engagement is going to be incorporated into all phases of the project. If proposing services to the 12-21 year old adolescent population, describe how meaningful youth engagement is going to be incorporated into all phases of the project.
 - D. Describe proposed objectives for the time period of October 1, 2013 – September 30, 2014.
 - E. Describe your plan to increase youth engagement in their healthcare.
 - F. Describe the hours of operation, services provided, location(s) and staffing plan.
 - G. Indicate the number of unduplicated children and/or youth to be served in the course of the fiscal year. Please note that a minimum number of users will be negotiated with MDCH for FY 14 and subsequent years for each grantee and will take into account a number of factors including the proposed service delivery model, size of service area and comparable models' utilization numbers.
- 3. Service Delivery Gaps/Need Justification (40 points).**
- A. Describe the gap your proposed service delivery model will fill, including any gaps in knowledge/research. The proposal must include documentation from multiple sources on the lack of accessible and/or acceptable primary care services in the geographic area proposed to be served.
 - B. Provide descriptive and demographic information of the service area including: geographical description; data on estimated need/demand for the proposed services; and description of other unusual factors affecting the need for the proposed services.
 - C. Describe the characteristics of the target population including: size, age, economic status, gender and race/ethnicity, social determinants of health, and health disparities identified.

4. **Agency Capacity (25 points).** Provide evidence of the applicant organization's experience and ability to provide quality primary care services for children and adolescents. Provide evidence of the applicant organization's ability to accomplish the proposed project and manage a grant program of similar size and complexity.
5. **Collaboration/Support (25 points).** Describe your agencies ability to work in partnership with other organizations in the community as they relate to the proposed project. Provide evidence that all major partners are in support of the proposed project through letters of support confirming their commitment and defining their support (schools, youth serving organizations, health organizations, juvenile justice agencies, homeless organizations).
6. **Communication and Dissemination (10 points).** Describe your plan to disseminate the knowledge, findings, and outcomes of your healthcare delivery model broadly to the field. This may include partnering with your organization's communication department, press releases, and presentations at state and national conferences.
7. **Financial Plan (30 points).** The financial plan should be sufficient to achieve the proposed project, but not be excessive. The financial plan should address the following for October 1, 2013-September 30, 2014:
 - A. Briefly describe all funding sources that will help support the proposed project, the amount of support and clearly identify the distribution of these funds. A hard or soft **match of 30% of the requested funding is required** and should be clearly described. Federal funds can not be used as a match.
 - B. This funding must not be used to supplant current funding supporting the proposed service delivery model. Please detail how this funding will be used to expand on any existing financial support and not supplant current funding streams. If your agency is currently funded to provide services similar or related to those proposed in this application, provide a list of the funding source(s), amount of award, contract period and services supported.
 - C. Planning period – If selected to move forward with the planning process, a separate budget will be developed with MDCH staff to cover the planning period of June 1, 2013-September 30, 2013.
 - D. Budget Forms—Prepare a line-item budget for the period of October 1, 2013through September 30, 2014 on the **Budget Summary and Cost Detail Forms** for the amount requested (*forms and instructions can be found at www.michigan.gov/cahc*). All in-kind resources and hard match must also be included on the budget. **The budget and budget narrative should clearly delineate specific staff and staff costs, percentage of fringe benefits, travel and purchases supported with state dollars. Indirect is not an allowable expense with this funding, but can be used as match by the applicant organization. Construction costs are also not allowed with this funding.**
 - E. Budget Narrative--Budget narratives must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative (*Guidelines for the Budget Narrative are found in Attachment C*).

NOTE: MDCH will be contracting for evaluation services. You are not required to set aside funds for the evaluation in your budget.

ATTACHMENT A APPLICATION COVERSHEET

(Template can be found at
www.michigan.gov/cahc)

APPLICATION COVERSHEET
TRANSFORMATIONAL HEALTHCARE DELIVERY MODELS
FOR CHILDREN AND ADOLESCENTS

Applicant agency name:	Applicant agency address:
Contact Person (name, email, phone):	
Authorized agency signatory name and title:	
Authorized agency signature:	

Type of Service Delivery Model:	
Priority Areas (check all that apply): <input type="checkbox"/> Access to Care <input type="checkbox"/> Clinical Health Outcomes <input type="checkbox"/> Health Disparities <input type="checkbox"/> Primary Preventive Care	Target Population (Main Focus): <input type="checkbox"/> Children (ages 5-11) <input type="checkbox"/> Adolescents (ages 12-21) <hr/> Check if Applicable: Information Technology Incorporated <input type="checkbox"/>
Target Service Area:	
Amount of Funds Requested:	

Assurances:

<input type="checkbox"/> Abortion services, counseling and referrals for abortion services will not be provided as part of the services offered
<input type="checkbox"/> Services will comply with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the MDE and MDCH
<input type="checkbox"/> Family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed (if located on school property)
<input type="checkbox"/> Once fully operational all grant requirements (Attachment B) will be met within the proposed service delivery model
Authorized agency signature: _____ Date: _____

ATTACHMENT B

Grant Requirements

GRANT REQUIREMENTS

1. Services must be provided to the K-12 population, which spans the ages of 5-21 years. Grantees are encouraged to focus on either younger children (ages 5-11) or adolescents (12-21) to ensure age appropriate developmental care.
2. All services provided shall be high quality, accessible, and acceptable to the target population. If focusing on the adolescent population, youth must be fully integrated into the planning and implementation process.
3. If proposing healthcare services to the adolescent population, Michigan's Minor Consent Laws must be followed and confidential services offered. This allows for confidential services including STI diagnosis and treatment, HIV counseling and testing, pregnancy testing, mental health services for youth 14 and older; and substance abuse treatment.
4. Healthcare services shall be open and delivered during hours accessible to the target population. After hours care must be available and shared in writing with children, youth and parents.
5. The use of age appropriate prevention guidelines and health risk behavior screening tools must be utilized. Clinical services provided, including mental health services, shall meet the recognized, current standards of practice for care and treatment of adolescents and children.
6. Healthcare services must minimally include: primary care, including health care maintenance, immunization assessment and administration using the MCIR (Michigan Care Improvement Registry), care of acute and chronic illness, health education and risk reduction counseling, and referral and follow-up for other specialty services.
7. Youth must have an active role and equal partnership in healthcare decisions and health improvement goals.
8. Grantees must have a licensed physician that serves as a medical director who supervises the medical services provided and who approves clinical policies, procedures and protocols.
9. Grantees shall not provide abortion counseling, services, or make referrals for abortion services. If services are being proposed on school property, agencies shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.
10. Medicaid assistance and online enrollment services are required for any eligible children and families targeted with this funding.
11. If services are being proposed on school property or in a building where K-12 education is provided, there shall be a current interagency agreement defining roles and responsibilities of all major parties. In addition, written approval by the school administration or local school board exists for location of healthcare services,

parental consent policy and services rendered on school property.

12. All staff shall operate within their scope of practice as determined by certification and applicable agency policies. Nurse practitioners funded under this grant must be certified as a PNP or FNP.
13. Primary care services shall be delivered in age appropriate space, with age appropriate supplies and equipment adequate for physical health services. The physical facility must be barrier-free, clean, and safe.
14. Grantees are required to bill all third party payors for primary care and mental health services proposed. Children and adolescents must not be denied services because of inability to pay. This funding may be used to offset any outstanding balances (including copays) to avoid collection notices and/or referrals to collection agencies for payment.
15. The billing and fee collection processes do not breach the confidentiality of the client.
16. Grantees must fully participate in the state evaluation process, and meet all evaluation deliverables for this project.

ATTACHMENT C

BUDGET NARRATIVE INSTRUCTIONS

(Budget forms can be found at
www.michigan.gov/cahc)

Budget Narrative Instructions

All proposals must include a budget narrative and a line-item budget for the project for the timeframe October 1, 2013-Sept 30, 2014.

This attachment details information required in the budget narrative. In the budget narrative, applicants are expected to justify the total cost of the program and to list other sources of funding that contribute to the proposed project.

Budget Justification. The budget justification must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative.

- *Salaries and Wages (personnel)* - For each staff position associated with the project provide their name, title, annual salary and percent of a full time equivalent (FTE) dedicated to the program. Describe the role of each staff person in achieving proposed objectives. Salaries and wages for program supervision are allowable costs, proportionate to the time allocated to the proposed project.
- *Taxes and Fringe Benefits* - Indicate, by percentage of total salary, payroll and fringe rate (e.g. FICA, retirement, medical, etc.).
- *Travel* - Describe who is traveling and for what purpose. Include reimbursement rates for mileage, lodging and meals. Indicate how many miles, overnights, etc. will be supported annually. International travel cannot be supported with funding awarded under this RFI. Out of state travel must be reasonable and necessary to the achievement of proposed goals and objectives. Staff travel for training and skills enhancement should be included here and justified. Staff travel as outlined in PROFESSIONAL DEVELOPMENT on page 7 of the RFI should be included.
- *Supplies and Materials* - Describe the types and amount of supplies and materials that will be purchased. Include justification for level of support requested for items and how it relates to the proposed project. Items requested may include but are not limited to: postage, office supplies, medical supplies, screening devices, prevention materials, training supplies, postage, and audio/visual equipment (under \$5,000).
- *Contractual* - Describe all subcontracts with other agencies. Include the purpose of the contract, method of selection and amount of the sub-contract. Contracts with individuals should be included in the *Other category as Consultant Fees*.
- *Equipment* - This category includes stationary and moveable equipment to be used in carrying-out the objectives of the program. Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category.

- *Other Expenses* - This category includes all other allowable costs. Common expenditures in this category include the following, though your budget may include additional items.
 - ☐ *Consultant Services* - Provide the name (if known), hourly rate, scope of service and method of selection for each consultant to be supported. The expertise and credentials of consultants should be described. Provide rationale for use of consultant for specified services. Travel and other costs of these consultants are to be included in this category and justified.
 - ☐ *Space* - Include items such as rent and utilities in this category. Each of these costs must be described. The description must address the cost per month and indicate the method of calculating the cost. Cost for acquisition and/or construction of property are not allowable costs under this RFP.
 - ☐ *Communications* - Describe monthly costs associated with the following:
 - ☐ phone (average cost per month, proportionate to proposed program)
 - ☐ fax (average cost per month, proportionate to proposed program)
 - ☐ internet access/email service (average cost per month, proportionate to proposed program)
 - ☐ teleconferencing (number of sessions, cost average cost per use)
 - ☐ *Printing and copying* - Describe costs associated with reproduction of educational and promotional materials (manuals, course hand-outs, pamphlets, posters, etc.). Do not include copying costs associated with routine office activities.
 - ☐ *Indirect Costs* - Indirect costs are not allowed under this grant.
 - ☐ *Evaluation Costs* – Are being covered by the State and are not required to be included in the budget. If it is determined by the grantee that additional information is needed, funding can be used to support this effort.
 - ☐ *Architectural Costs* – Architectural and building costs are not allowed.
 - ☐ *Capitol Costs* – Capital costs are not allowed.

Other Funding Sources. If the applicant receives other funding to conduct services which are linked to the proposed program they are to supply the following information for each source.

- ☐ Source of funding
- ☐ Project period
- ☐ Annual amount of award
- ☐ Target population

☐ Brief description of intervention (2-3 sentences)

If applicant does not receive any other support for proposed service delivery model, indicate that this section is not applicable.

ATTACHMENT D

Logic Model

(Document can also be found at www.michigan.gov/cahc)

